



DRIVER AND PLATE SEARCH (DAPS) APPLICATION EMPLOYEE LIST

MAIL OR FAX TO
DEPARTMENT OF LICENSING
DAPS ACCESS
PO BOX 2957
OLYMPIA, WA 98507
FAX: (360) 570-7895

I certify that I have reviewed the agreement that has been established between the Department of Licensing and my agency, with the employees listed below, and that they are eligible for access to the DAPS system, based on the criteria established by the Department of Licensing.

AGENCY NAME		AGENCY ADDRESS	
SUPERVISOR NAME (PRINTED)		X SUPERVISOR SIGNATURE	SUPERVISOR PHONE NUMBER

Employee Name (PRINTED)	POWER USER (Circle one) YES NO	Employee Name (PRINTED)	POWER USER (Circle one) YES NO
Employee Name (PRINTED)	POWER USER (Circle one) YES NO	Employee Name (PRINTED)	POWER USER (Circle one) YES NO
Employee Name (PRINTED)	POWER USER (Circle one) YES NO	Employee Name (PRINTED)	POWER USER (Circle one) YES NO
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Employee Name (PRINTED)	POWER USER (Circle one) YES NO	Employee Name (PRINTED)	POWER USER (Circle one) YES NO
Employee Name (PRINTED)	POWER USER (Circle one) YES NO	Employee Name (PRINTED)	POWER USER (Circle one) YES NO
Employee Name (PRINTED)	POWER USER (Circle one) YES NO	Employee Name (PRINTED)	POWER USER (Circle one) YES NO

F O R D O L U S E O N L Y	
AGENCY CONTRACT NUMBER: _____	